

Health Care Professional's Written Opinion for Employees

Date: _____

Employee Name: _____

Social Security #: _____

Dear _____:

The report of your accident which occurred on _____ has been evaluated. It is required by OSHA that a copy of this written opinion be given to you within 15 days of completing the exposure evaluation.

The following statements that are marked apply to your accident:

_____ Hepatitis B vaccination is indicated

_____ Hepatitis B vaccination is not indicated

Reasons:

In regards to your post-exposure evaluation and follow-up:

1. You have been informed of the results of the evaluation.
2. You have been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Comments:

A copy of this written opinion is kept with your exposure record. *All findings and/or diagnoses shall remain confidential.*